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NOTICE OF PROPOSED RULEMAKING INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 333
OREGON HEALTH AUTHORITY
PUBLIC HEALTH DIVISION

FILED

10/21/2025 1:10 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Changes to hospital licensing fees, investigations, surveys, and staffing requirements due to 2025 legislation

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/21/2025 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Public Health Division
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HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 11/19/2025

TIME: 11:00 AM

OFFICER: Staff

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 971-277-2343

CONFERENCE ID: 769353904

SPECIAL INSTRUCTIONS:

This hearing is being held remotely via Microsoft Teams. To provide oral (spoken) testimony during this hearing, please contact publichealth.rules@odhsoha.oregon.gov to register and receive the link for the Microsoft Teams video conference via calendar appointment, or you may access the hearing using the meeting URL above. Alternatively, you may dial 971- 277-2343, Phone Conference ID 769 353 904# for audio (listen) only.

This hearing will close no later than 12:00PM (noon) but may close as early as 11:30AM if everyone who signs up to provide testimony has been heard from.

Accessibility Statement: For individuals with disabilities or individuals who speak a language other than English, OHA can provide free help. Some examples are: sign language and spoken language interpreters, real-time captioning, braille, large print, audio, and written materials in other languages. If you need help with these services, please contact the Public Health Division at 971-673-1222, 711 TTY or publichealth.rules@odhsoha.oregon.gov at least 48 hours before the meeting. All relay calls are accepted. To best ensure our ability to provide a modification please contact us if you are considering attending the meeting and require a modification. The earlier you make a request the more likely we can meet the need.

NEED FOR THE RULE(S)

The Oregon Health Authority (OHA), Public Health Division, Health Care Regulation and Quality Improvement section is proposing to permanently amend and repeal Oregon Administrative Rules in chapter 333, divisions 71, 500, 501 and 503 to implement changes due to passage of SB 842 (2025 OL chapter 623) and HB 3294 (2025 OL chapter 506). These rules address the following changes due to passage of these measures:

- Removes definition for the term 'full compliance survey' that is only used in rules that are being repealed.
- Amends hospital licensing fees and adds a late fee for failing to renew a license.
- Removes language that allows the OHA to charge separate fees for complaint investigations and compliance surveys.
- Clarifies that information received during the receipt and review of a complaint prior to or in lieu of an investigation is confidential.
- Removes hospital enforcement language allowing OHA to determine violations and issue warnings and civil penalties in accordance with ORS 441.792.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

SB 842 (2025 OL Ch 623):

<https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB842/Enrolled>

HB 3294 (2025 OL Ch 506):

<https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB3294/Enrolled>

ORS chapter 441: https://www.oregonlegislature.gov/bills_laws/ors/ors441.html

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The purpose of hospital licensing is to ensure safe high-quality care for Oregonians and is especially important for chronically ill individuals that proportionally use more hospital services and for many historically underserved populations.

Recent changes to the hospital licensing requirements such as the behavioral health safe discharge requirements for adults and children and hospital support person laws have an increasing focus on reducing inequities in the hospital setting. There were delays in communicating the implementation of the new requirements as well as existing patients' rights requirements in a culturally and linguistically responsive manner with consistency across communities. Lack of adequate demographic data collection and transparency of service availability from licensed hospitals hinders the program from assisting in equitable emergency and disaster response, answering frequent queries from the public, assisting other OHA programs in improving systems, and collaborating with advocacy organizations about services offered in hospitals. The increase in hospital licensing fees stems from the enactment of SB 842 (2025 Oregon Laws, chapter 623.) These additional fees will provide the OHA with the necessary resources to conduct the following activities, which will have a positive health equity impact:

- Enforce new equity-focused healthcare laws;
 - Enhance public transparency by collecting and sharing data on complaints and survey outcomes to support quality improvement;
 - Conduct outreach to hospitals and communities about new patient protections;
 - Modernize the hospital licensing system, providing increased transparency of hospital services and posting of regulatory findings; and
 - Improve communication with patients and families who are filing complaints and asking questions about healthcare system regulatory requirements, including language accessibility and inclusive engagement.
-

FISCAL AND ECONOMIC IMPACT:

Due to passage of SB 842 (2025 OL ch. 623) annual hospital licensing fees have increased as follows, [a hospital is defined to include a Special Inpatient Care Facility (SICF)]:

Hospitals with:

- Fewer than 26 beds, the annual license fee shall be \$5,000
 - o There are currently 23 hospitals licensed under this category
 - o There are currently 3 SICFs under this category
- Twenty-six beds or more but fewer than 50 beds, the annual license fee shall be \$7,400
 - o There are currently 11 hospitals licensed under this category
- Fifty or more beds but fewer than 100 beds, the annual license fee shall be \$13,800
 - o There are currently 6 hospitals licensed under this category
- One hundred beds or more but fewer than 200 beds, the annual license fee shall be \$26,100
 - o There are currently 11 hospitals licensed under this category
- Two hundred or more beds, but fewer than 500 beds, the annual license fee shall be \$34,000
 - o There are currently 7 hospitals licensed under this category
- Five hundred or more beds, the annual license fee shall be \$48,280
 - o There are currently 6 hospitals licensed under this category

Hospitals must pay an annual fee of \$3,000 for each hospital satellite indorsed under the hospital's license. There are currently 106 satellites licensed under 36 hospitals.

Hospitals will be subject to a fee of \$1,250 for failing to submit a license renewal application on-time. Due to OHA licensing systems, timely communications, and historical responsiveness by hospitals, the OHA does not anticipate more than one to two hospitals being subject to this fee.

Separate complaint investigation fees and compliance survey fees have been eliminated which reduces the administrative burden on hospitals to pay separate fees. This includes three licensed Special Inpatient Care Facilities each of which is classified as a freestanding hospice facility.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) The increased revenue provided by the fee increase will cover current operating costs for the OHA-Public Health Division and cover deficit spending from the 23-25 biennium. Increased fees may also cover the cost of additional staffing in the future. By eliminating the separate complaint investigation fees and compliance survey fees, there is a corresponding reduction of administrative burden related to invoicing and processing.

The Oregon State Hospital received general fund appropriation to cover the cost of its license renewal fee.

There is no anticipated cost of compliance impact on units of local government or the general public.

(2)(a) The OHA does not anticipate that this rule will have any impact on small businesses. There are no hospitals that

are considered a small business.

(b) There is no anticipated impact to small businesses for projected reporting, recordkeeping and other administrative activities because hospitals are not considered a small business.

(c) There is no anticipated impact to small businesses for equipment, supplies, labor or increased administration because hospitals are not considered a small business.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were not consulted in this rule development as they are not impacted by the rule.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

The Health Care Regulation and Quality Improvement section of the Oregon Health Authority, Public Health Division is implementing the requirements of 2025 Oregon Laws, Chapter 623 and Chapter 506 (SB 842 and HB 3294).

RULES PROPOSED:

333-071-0205, 333-071-0210, 333-071-0225, 333-500-0010, 333-500-0025, 333-500-0030, 333-500-0031, 333-501-0010, 333-503-0040, 333-525-0000

AMEND: 333-071-0205

RULE SUMMARY: Amend 333-071-0205

Removes definition for the term 'full compliance survey' that is only used in OAR 333-071-0225 which is being repealed.

CHANGES TO RULE:

333-071-0205

Definitions ¶¶

As used in OAR chapter 333, division 71, unless the context requires otherwise, the following definitions apply:¶¶

(1) "Assessment" means a complete nursing assessment, including:¶¶

(a) The systematic and ongoing collection of information to determine an individual's health status and need for intervention;¶¶

(b) A comparison with past information; and¶¶

(c) Judgement, evaluation or a conclusion that occurs as a result of subsections (a) and (b) of this definition.¶¶

(2) "Authentication" means verification that an entry in the patient medical record is genuine.-¶¶

(3) "Authority" means the Oregon Health Authority, Public Health Division.-¶¶

(4) "CMS" means the Centers for Medicare and Medicaid Services.-¶¶

(5) "Certified nursing assistant" (CNA) means a person who is certified by the Oregon State Board of Nursing to assist licensed nursing personnel in the provision of nursing care.-¶¶

(6) "Conditions of participation" or "conditions for coverage" mean the applicable federal regulations that health care facilities are required to comply with in order to participate in the federal Medicare and Medicaid programs.¶¶

(7) "Deemed status" means a special inpatient care facility (SICF) that has been inspected by a CMS-approved national accrediting organization, has been found to meet or exceed all applicable Medicare conditions, and CMS finds the SICF to be in compliance.¶¶

(8) "Direct ownership" has the meaning given the term 'ownership interest' in 42 CFR 420.201.¶¶

(9) "Discharge" means the release of a person who was an inpatient of an SICF including, but not limited to:¶¶

(a) The release of a person from the SICF to another facility;¶¶

(b) A patient who has died; and¶¶

(c) An inpatient who leaves the SICF for purposes of utilizing non-SICF owned or operated diagnostic or treatment equipment, if the person does not return as an inpatient of the same SICF with a 24-hour period.¶¶

(10) "Financial interest" means a five percent or greater direct or indirect ownership interest.¶¶

(11) "Freestanding hospice facility" (FHF) means an SICF which:¶

(a) Only admits patients who have been certified by the hospice medical director or physician designee, in collaboration with the patient's attending physician, to be terminally ill, to have a life expectancy not to exceed six months, and have given up active treatment aimed at cure; and-¶

(b) Complies with ORS 443.850 and 443.860.¶

(c) For purposes of freestanding hospice facilities, "attending physician" means a physician, physician associate, or nurse practitioner that has been identified by a patient, at the time the patient elects to receive hospice care, as having the most significant role in the determination and delivery of the patient's medical care.-¶

~~(12) "Full compliance survey" means a survey conducted by the Authority following a complaint investigation to determine an SICF's compliance with the CMS conditions of participation or conditions for coverage.¶~~

~~(13) "Governing body" means the body or person legally responsible for the direction and control of the operation of the facility.-¶~~

~~(14) "Governmental unit" means the state, or any county, municipality, or other political subdivision, or any related department, division, board or other agency.-¶~~

~~(15) "Health care practitioner" has the meaning given that term in ORS 441.224.¶~~

~~(16) "Indirect ownership" has the meaning given the term 'indirect ownership interest' in 42 CFR 420.201.-¶~~

~~(17) "Inpatient beds" means a bed in an SICF available for occupancy by a patient who will or may be cared for and treated on an overnight basis.-¶~~

~~(18) "Intensive rehabilitative services" means therapy and training to restore an individual to health or to participate in activities of daily living that includes but is not limited to occupational therapy, physical therapy, speech therapy or respiratory therapy.-¶~~

~~(19) "Licensed" means that the person to whom the term applies is currently licensed, certified or registered by the proper authority to follow his or her profession or vocation within the State of Oregon, and when applied to an SICF means that the facility is currently licensed by the Authority.-¶~~

~~(20) "Licensed practical nurse" (LPN) means a person licensed under ORS chapter 678 to practice practical nursing.¶~~

~~(21) "NFPA" means National Fire Protection Association.-¶~~

~~(22) "Nonmedical care and services" means assistance or services, other than medical health care and services, provided by attendants for the physical, mental, emotional or spiritual comfort and well-being of residents or patients.¶~~

~~(23) "Nurse practitioner" (NP) has the meaning given that term in ORS 678.010.-¶~~

~~(24) "Nursing assistant" means a person who assists licensed nursing personnel in the provision of nursing care.-¶~~

~~(25) "Nursing staff" means a registered nurse, a licensed practical nurse, or other assistive nursing personnel.¶~~

~~(26) "Patient audit" means review of the medical record or patient observation including the care provided to a patient from admission to discharge.-¶~~

~~(27) "Person" has the meaning given that term in ORS 442.015.-¶~~

~~(28) "Physician" means a person licensed as a doctor of medicine or osteopathy under ORS chapter 677.-¶~~

~~(29) "Physician designee" means a physician designated by the hospice who assumes the responsibilities and obligations as the medical director when the medical director is not available.-¶~~

~~(30) "Physician associate" has the meaning given that term in ORS 677.495.-¶~~

~~(31) "Plan of correction" means a document executed by a hospital in response to a statement of deficiency issued by the Authority that describes with specificity how and when deficiencies of SICF licensing laws, conditions of participation or conditions for coverage shall be corrected.¶~~

~~(32) "Registered nurse" (RN) means a person licensed under ORS chapter 678 to practice registered nursing.-¶~~

~~(33) "Rehabilitation hospital" means a hospital licensed in accordance with these rules that provides intensive rehabilitative services for patients with complex nursing, medical management and rehabilitative needs.-¶~~

~~(34) "Religious institution" is a facility that meets the qualifications specified in ORS 441.065 and provides nonmedical care and services.-¶~~

~~(35) "Special inpatient care facility" (SICF) means a facility with inpatient beds that are designed and utilized for special health care purposes, including but not limited to a rehabilitation hospital, substance use disorder treatment facility, freestanding hospice facility, or a religious institution.¶~~

~~(36) "SICF licensing law" means ORS 441.005 through 441.990 and its implementing rules.-¶~~

~~(37) "Statement of deficiencies" means a document issued by the Authority that describes an SICF's deficiencies in complying with SICF licensing laws, conditions of participation or conditions for coverage.¶~~

~~(38) "Survey" means an inspection of an SICF to determine the extent to which an SICF is in compliance with SICF licensing laws, conditions of participation or conditions for coverage.¶~~

~~(39) "These rules" means OAR 333-071-0200 through OAR 333-071-0580.~~

Statutory/Other Authority: ORS 441.025

Statutes/Other Implemented: ORS 441.015 - 441.087

AMEND: 333-071-0210

RULE SUMMARY: Amend 333-071-0210

In accordance with ORS 442.015(15)(b), a hospital is defined to include a Special Inpatient Care Facility. As such, the annual licensing fees have increased and a late fee is added for failing to renew a license in accordance with the enactment of 2025 Oregon Laws, chapter 623 (SB 842).

CHANGES TO RULE:

333-071-0210

License Application and Fees

- (1) An applicant wishing to apply for a new or renewal license to operate an special inpatient care facility (SICF) shall submit an application on a form prescribed by the ~~Authority~~Oregon Health Authority (Authority) and pay the applicable nonrefundable hospital fee as specified in ORS 441.020. ¶
- (2) If an applicant is proposing a new SICF, the applicant shall also submit evidence of plans review approval as required by OAR chapter 333, division 675. ¶
- (3) An SICF must inform the Authority in writing of any changes in ownership, organizational structure, or other information required on the application form, within 30 days of the change. Failure to notify the Authority may result in denial or revocation of the license. ¶
- (4) An applicant that has a certificate of accreditation and deemed status for Medicare certification from an accrediting organization approved by the Authority shall provide the certificate to the Authority with its license application, and shall include: ¶
 - (a) All survey and inspection reports; and ¶
 - (b) Written evidence of all corrective actions underway, or completed, in response to recommendations, including all progress reports. ¶
- (5) No license shall be issued for any SICF for which a certificate of need is required, unless a certificate of need has first been issued under ORS 442.315. ¶
- (6) The Authority may charge a reduced SICF fee if the Authority determines that charging the standard fee constitutes a significant financial burden. ¶
- (7) An SICF that fails to submit its license renewal application and fee before December 1 of each year shall be charged a late fee of \$1,250.

Statutory/Other Authority: ORS 441.025

Statutes/Other Implemented: ORS 441.020, 441.025, 442.315

REPEAL: 333-071-0225

RULE SUMMARY: Repeal 333-071-0225

Due to 2025 Oregon Laws, chapter 623, section 5 and the repeal of ORS 441.021 (SB 842), this rule is being repealed removing the fees for investigations and compliance activities. Pursuant to ORS 442.015, the definition of hospital includes a Special Inpatient Care Facility as that term is defined by the Oregon Health Authority in rule.

CHANGES TO RULE:

~~333-071-0225~~

~~Fees for Complaint Investigations and Compliance Surveys~~

~~In accordance with ORS 441.021, the Authority may charge an additional fee for complaint investigations, full compliance surveys, on-site follow-up surveys, or off-site follow-up surveys.~~

~~Statutory/Other Authority: ORS 441.025~~

~~Statutes/Other Implemented: ORS 441.020, 441.021~~

AMEND: 333-500-0010

RULE SUMMARY: Amend 333-500-0010

Removes definition for the term 'full compliance survey' that is only used in OAR 333-500-0031, which is being repealed. Makes minor changes to a few definitions for clarity and for gender inclusiveness.

CHANGES TO RULE:

333-500-0010

Definitions ¶¶

As used in OAR chapter 333, divisions 500 through 535, unless the context requires otherwise, the following definitions apply:¶¶

(1) "Assessment" means a complete nursing assessment, including:¶¶

(a) The systematic and ongoing collection of information to determine an individual's health status and need for intervention;¶¶

(b) A comparison with past information; and¶¶

(c) Judgment, evaluation, or a conclusion that occurs as a result of subsections (a) and (b) of this definition.¶¶

(2) "Authentication" means verification that an entry in the patient medical record is genuine.¶¶

(3) "Authority" means the Oregon Health Authority.¶¶

(4) "Certified nurse midwife" means a registered nurse licensed by the Oregon State Board of Nursing as a nurse practitioner specializing in nurse midwifery.¶¶

(5) "Certified Nursing Assistant" (CNA) means a person who is certified by the Oregon State Board of Nursing (OSBN) to assist licensed nursing personnel in the provision of nursing care.¶¶

(6) "Chiropractor" means a person licensed under ORS chapter 684 to practice chiropractic.¶¶

(7) "Conditions of Participation" mean the applicable federal regulations that hospitals are required to comply with in order to participate in the federal Medicare and Medicaid programs.¶¶

(8) "Deemed" means a health care facility that has been inspected by an approved accrediting organization and has been approved by the Centers for Medicare and Medicaid Services (CMS) as meeting CMS Conditions of Participation.¶¶

(9) "Discharge" means the release of a person who was an inpatient of a hospital including, but not limited to:¶¶

(a) The release and transfer of a newborn to another facility, but not a transfer between acute care departments of the same facility;¶¶

(b) The release of a person from an acute care section of a hospital for admission to a long-term care section of a facility;¶¶

(c) Release from a long-term care section of a facility for admission to an acute care section of a facility;¶¶

(d) A patient who has died; and¶¶

(e) An inpatient who leaves a hospital for purposes of utilizing non-hospital owned or operated diagnostic or treatment equipment, if the person does not return as an inpatient of the same health care facility within a 24-hour period.¶¶

(10) "Direct ownership" has the meaning given the term ownership interest' in 42 CFR 420.201.¶¶

(11) "Emergency Medical Services" means medical services that are usually and customarily available at the respective hospital in an emergency department and that must be provided immediately to sustain a person's life, to prevent serious permanent disfigurement or loss or impairment of the function of a bodily member or organ, or to provide care to a ~~woman~~woman ~~pregnant person~~ in labor where delivery is imminent if the hospital is so equipped and, if the hospital is not equipped, to provide necessary treatment to allow the ~~woman~~woman ~~pregnant person~~ to travel to a more appropriate facility without undue risk of serious harm.¶¶

(12) "Emergency Psychiatric Services" means mental health services that are usually and customarily available in an emergency department at the respective hospital and that must be provided immediately to prevent harm to the patient or others including but not limited to triage and assessment; observation and supervision; crisis stabilization; crisis intervention; and crisis counseling.¶¶

(13) "Financial interest" means a five percent or greater direct or indirect ownership interest.¶¶

~~(14) "Full compliance survey" means a survey conducted by the Authority following a complaint investigation to determine a hospital's compliance with the CMS Conditions of Participation.¶¶~~

~~(15) "Governing body" means the body or person legally responsible for the direction and control of the operation of the hospital.¶¶~~

~~(16) "Governmental unit" has the meaning given that term in ORS 442.015.¶¶~~

~~(17) "Health care facility" (HCF) has the meaning given the term in ORS 442.015.¶¶~~

~~(18) "Health Care Facility Licensing Laws" means ORS 441.005 through 441.993 and its implementing rules.¶¶~~

(198) "Hospital" has the meaning given that term in ORS 442.015.-¶

(2019) "Indirect ownership" has the meaning given the term 'indirect ownership interest' in 42 CFR 420.201.-¶

(210) "Licensed" means that the person to whom the term is applied is currently licensed, certified or registered by the proper authority to follow his or her profession or vocation within the State of Oregon, and when applied to a hospital means that the facility is currently licensed by the Authority.-¶

(221) "Licensed nurse" means a nurse licensed under ORS chapter 678 to practice registered or practical nursing.-¶

(232) "Licensed Practical Nurse" means a nurse licensed under ORS chapter 678 to practice practical nursing.-¶

(243) "Major alteration" means any structural change to the foundation, roof, floor, or exterior or load bearing walls of a building, or the extension of an existing building to increase its floor area. Major alteration also means the extensive alteration of an existing building such as to change its function and purpose, even if the alteration does not include any structural change to the building.-¶

(254) "Manager" means a person who:-¶

- (a) Has authority to direct and control the work performance of nursing staff;-¶
- (b) Has authority to take corrective action regarding a violation of law or a rule or a violation of professional standards of practice, about which a nursing staff has complained; or-¶
- (c) Has been designated by a hospital to receive the notice described in ORS 441.181(2).-¶

(265) "Minor alteration" means cosmetic upgrades to the interior or exterior of an existing building, such as but not limited to wall finishes, floor coverings and casework.-¶

(276) "Mobile Satellite" means a MRI, CAT Scan, Lithotripsy Unit, Cath Lab, or other such modular outpatient treatment or diagnostic unit that is capable of being moved, is housed in a vehicle with a vehicle identification number (VIN), and does not remain on a hospital campus for more than 180 days in any calendar year.-¶

(287) "NFPA" means National Fire Protection Association.-¶

(298) "Nurse Practitioner" has the meaning given that term in ORS 678.010.-¶

(3029) "Nursing staff" means a registered nurse, a licensed practical nurse, or other assistive nursing personnel.-¶

(310) "OB Unit" means a dedicated obstetrical unit that meets the requirements of OAR 333-535-0120.-¶

(321) "On-call" means a scheduled state of availability to return to duty, work-ready, within a specified period of time.-¶

(332) "Oregon Sanitary Code" means the Food Sanitation Rules in OAR 333-150-0000.-¶

(343) "Patient audit" means review of the medical record or physical inspection or interview of a patient.-¶

(354) "Person" has the meaning given that term in ORS 442.015.-¶

(365) "Physician" means a person licensed as a doctor of medicine or osteopathy under ORS chapter 677.-¶

(376) "Physician associate" has the meaning given that term in ORS 677.495.-¶

(387) "Plan of correction" means a document executed by a hospital in response to a statement of deficiency issued by the Authority that describes with specificity how and when deficiencies of health care licensing laws or conditions of participation shall be corrected.-¶

(398) "Podiatrist" has the same meaning as "podiatric physician and surgeon" in ORS 677.010.-¶

(4039) "Podiatry" means the diagnosis or the medical, physical or surgical treatment of ailments of the human foot, except treatment involving the use of a general or spinal anesthetic unless the treatment is performed in a licensed hospital or in a licensed ambulatory surgical center and is under the supervision of or in collaboration with a physician. "Podiatry" does not include the administration of general or spinal anesthetics or the amputation of the foot.-¶

(410) "Public body" has the meaning given that term in ORS 30.260.-¶

(421) "Registered Nurse" means a person licensed under ORS chapter 678 to practice registered nursing.-¶

(432) "Respite care" means care provided in a temporary, supervised living arrangement for individuals who need a protected environment, but who do not require acute nursing care or acute medical supervision.-¶

(443) "Retaliatory action" means the discharge, suspension, demotion, harassment, denial of employment or promotion, or layoff of a nursing staff person directly employed by the hospital, or other adverse action taken against a nursing staff person directly employed by the hospital in the terms or conditions of employment of the nursing staff person, as a result of filing a complaint.-¶

(454) "Satellite" means a building or part of a building owned or leased by a hospital, and operated by a hospital in a geographically separate location from the hospital, with a separate physical address from the hospital but that is within 35 miles from the hospital, through which the hospital provides:-¶

- (a) Outpatient diagnostic, therapeutic, or rehabilitative services;-¶
- (b) Psychiatric services in accordance with OAR 333-525-0000 including:-¶
 - (A) Inpatient psychiatric services; and-¶
 - (B) Emergency psychiatric services through an emergency department in accordance with OAR 333-520-0070; or-¶
- (c) Emergency medical services in accordance with OAR 333-500-0027.-¶

(465) "Special Inpatient Care Facility" means a facility with inpatient beds and any other facility designed and utilized for special health care purposes that may include but is not limited to a rehabilitation center, a facility for the treatment of alcoholism or drug abuse, a freestanding hospice facility, or an inpatient facility meeting the requirements of ORS 441.065, and any other establishment falling within a classification established by the Authority, after determination of the need for such classification and the level and kind of health care appropriate for such classification.-¶

(476) "Stable newborn" means a living newborn who is four or more hours post-delivery and who ~~is free from abnormal~~shows no abnormal signs and whose vital signs, color, activity, muscle tone, neurological status, weight, and maternal-child interaction: are within normal limits.¶

(487) "Stable postpartum patient" means a ~~postpartum mother~~patient who is four hours or more postpartum and who is free from any abnormal fluctuations in vital signs, has vaginal flow within normal limits, and who can ambulate, be independent in self-care, and provide care to ~~their~~ newborn infant, if one is present.-¶

(498) "Statement of deficiencies" means a document issued by the Authority that describes a hospital's deficiencies in complying with health care facility licensing laws or conditions of participation.-¶

(5049) "Survey" means an inspection of a hospital to determine the extent to which a hospital is in compliance with health facility licensing laws and conditions of participation.

Statutory/Other Authority: ORS 441.025

Statutes/Other Implemented: ORS 441.025

AMEND: 333-500-0025

RULE SUMMARY: Amend 333-500-0025

Removes the section references for definitions given renumbering in OAR 333-500-0010. This will allow future renumbering without requiring additional changes to other rules.

CHANGES TO RULE:

333-500-0025

Indorsement of Satellite Operations ¶¶

- (1) The Oregon Health Authority (Authority) may indorse, under a hospital's license, a satellite or mobile satellite of a hospital.¶
- (2) In order for a satellite to be indorsed under a hospital's license, the applicant or licensee shall pay the appropriate fee and provide evidence to the Authority that:¶
- (a) The satellite meets the requirements in OAR chapter 333, divisions 500 through 535;¶
 - (b) The services at the satellite are integrated with the hospital;¶
 - (c) The financial operations of the satellite are integrated with the hospital;¶
 - (d) The hospital and the satellite have the same governing body;¶
 - (e) The satellite is under the ownership and control of the hospital;¶
 - (f) Staff at the satellite have privileges at the hospital;¶
 - (g) Medical records of the satellite are integrated with the hospital into a unified system;¶
 - (h) The facility is not subject to certificate of need requirements in ORS 442.315 to 442.347; and¶
 - (i) If the satellite is intended to provide emergency medical services, the satellite can comply with OAR 333-500-0027.¶
- (3) A hospital applying for an emergency medical services satellite indorsement must also submit for its emergency department, the information described in OAR 333-500-0027(1)(e), for the previous six months.¶
- (4) A satellite shall be subject to a plans review and must pass life safety code requirements.¶
- (5) In order for a mobile satellite to be indorsed under a hospital's license, the applicant or licensee shall pay the appropriate fee and provide evidence to the Authority that:¶
- (a) The mobile satellite is operated in whole or in part by the hospital through lease, ownership or other arrangement;¶
 - (b) The services at the mobile satellite are integrated with the hospital;¶
 - (c) The financial operations of the mobile satellite are integrated with the hospital;¶
 - (d) The mobile satellite is physically separate from the hospital and other buildings on the hospital campus by at least 20 feet; and¶
 - (e) It meets the 2000 NFPA 101 Life Safety Code for mobile units.¶
- (6) A mobile satellite shall keep and provide to the Authority and the Fire Marshal upon request, a log that shows where the mobile satellite is located every day of the year, and its use. A copy of the log shall be kept in the mobile satellite at all times.¶
- (7) A hospital that has a satellite that provides inpatient services that is indorsed under its license as of October 1, 2009, may continue to have that satellite indorsed under its license. On or after October 1, 2009, a satellite must meet the definition of satellite in OAR 333-500-0010(46) and comply with all other rules related to satellites in order to have a satellite indorsed under a hospital license.¶
- (8) Nothing in these rules is meant to:¶
- (a) Prevent a satellite as defined in OAR 333-500-0010(46) from providing outpatient medical services; or¶
 - (b) Permit the indorsement of satellite under a hospital license as a means to circumvent the certificate of need laws in ORS Chapter 442 and OAR chapter 333, divisions 545 through 670.¶
- (9) The Authority may revoke the indorsement of a satellite at any time if it determines a hospital or its satellite:¶
- (a) Is not complying with this rule or OAR 333-500-0027, as applicable; or¶
 - (b) Is unable to ensure the safety of patients at the satellite.

Statutory/Other Authority: ORS 441.025

Statutes/Other Implemented: ORS 441.020

AMEND: 333-500-0030

RULE SUMMARY: Amend 333-500-0030

Amends the annual hospital licensing fees and adds a late fee for failing to renew a license in accordance with 2025 Oregon Laws, chapter 623 (SB 842).

CHANGES TO RULE:

333-500-0030

Annual License Fee/~~Late Fee~~ ¶

(1) The annual license fee for a hospital is as specified in ORS 441.020.¶

(2) If a hospital license covers a satellite or mobile satellite approved by the Oregon Health Authority (Authority) under OAR 333-500-0025, the applicable license fee shall be the sum of the license fees which would be applicable if each location or unit was separately licensed.¶

(3) The Authority may charge a reduced hospital fee or hospital satellite fee if the Authority determines that charging the standard fee constitutes a significant financial burden.¶

(4) A hospital that fails to submit its license renewal application and fee before December 1 of each year shall be charged a late fee of \$1,250.

Statutory/Other Authority: ORS 441.025

Statutes/Other Implemented: ORS 441.020

REPEAL: 333-500-0031

RULE SUMMARY: Repeal 333-500-0031

Due to 2025 Oregon Laws, chapter 623, section 5 and the repeal of ORS 441.021 (SB 842), this rule is being repealed removing the fees for investigations and compliance activities.

CHANGES TO RULE:

~~333-500-0031~~

~~Fees for Complaint Investigations and Compliance Surveys~~

- ~~(1) In addition to an annual fee, the Oregon Health Authority (Authority) may charge a hospital a fee for:~~
- ~~(a) A complaint investigation, in an amount not to exceed \$850;~~
 - ~~(b) A full compliance survey, in an amount not to exceed \$7,520;~~
 - ~~(c) An on-site follow-up survey to verify compliance with a plan of correction, in an amount not to exceed \$225; and~~
 - ~~(d) An off-site follow-up survey to verify compliance with a plan of correction, in an amount not to exceed \$85.~~
- ~~(2) During one calendar year, the Authority may charge to all hospitals a total amount not to exceed:~~
- ~~(a) \$91,000 for complaint investigations;~~
 - ~~(b) \$15,000 for full compliance surveys; and~~
 - ~~(c) \$6,700 for follow-up surveys.~~
- ~~(3)(a) The Authority shall apportion the total amount charged under section (2) of this rule among hospitals at the end of each calendar year based on the number of complaint investigations, full compliance surveys and follow-up surveys performed at each hospital during the calendar year.~~
- ~~(b) The Division may not include investigations of employee complaints in a hospital's total number of complaint investigations.~~
- ~~(c) A hospital may not be charged fees in any calendar year under section (2) of this rule for more complaint investigations than the greater of:~~
- ~~(A) The rolling average for the hospital for the previous three years; or~~
 - ~~(B) Two complaint investigations for a small hospital and five complaint investigations for a large hospital.~~
- ~~(d) Notwithstanding subsection (3)(c) of this rule, the Authority may not charge a hospital for a number of complaint investigations that exceeds the number of complaint investigations actually conducted at the hospital during the calendar year.~~

~~Statutory/Other Authority: ORS 441.025~~

~~Statutes/Other Implemented: ORS 441.021~~

AMEND: 333-501-0010

RULE SUMMARY: Amend 333-501-0010

Adds language that clarifies that, in addition to information obtained during a hospital complaint investigation, the information obtained during the receipt and review of the hospital complaint is confidential in accordance with 2025 Oregon Laws, chapter 623, (SB 842).

CHANGES TO RULE:

333-501-0010

Investigations ¶¶

- (1) As soon as practicable after receiving a complaint, taking into consideration the nature of the complaint, Oregon Health Authority (Authority) staff will begin an investigation.¶¶
- (2) A hospital shall permit Authority staff access to the facility during an investigation.¶¶
- (3) An investigation may include but is not limited to:¶¶
 - (a) Interviews of the complainant, patients of the hospital, patient family members, witnesses, hospital management and staff;¶¶
 - (b) On-site observations of patients, staff performance, and the physical environment of the hospital; and¶¶
 - (c) Review of documents and records.¶¶
- (4) In determining whether a violation has occurred under OAR 333-501-0020(8), the Authority will consider the facility name, advertising used, and related content.¶¶
- (5) Except as otherwise specified in 42 CFR § 401, Subpart B, information obtained by the Authority during an intake, triage, or investigation of a complaint or reported violation under this section is confidential and not subject to public disclosure under ORS 192.311 to 192.431. Upon the conclusion of the investigation, the Authority may publicly release a report of its findings but may not include information in the report that could be used to identify the complainant or any patient at the health care facility. The Authority may use any information obtained during an investigation in an administrative or judicial proceeding concerning the licensing of a health care facility, and may report information obtained during an investigation to a health professional regulatory board as defined in ORS 676.160 as that information pertains to a licensee of the board.

Statutory/Other Authority: ORS 441.025

Statutes/Other Implemented: ORS 441.044

REPEAL: 333-503-0040

RULE SUMMARY: Repeal 333-503-0040

Due to 2025 Oregon Laws, chapter 506, section 6 (HB 3294) this rule regarding hospital staffing law enforcement and violations is being repealed. The rule is no longer needed as clarifying language was added to ORS 441.792. The Oregon Health Authority will determine violations and issue warnings and civil penalties in accordance with this statute.

CHANGES TO RULE:

~~333-503-0040~~

~~Hospital Staffing Enforcement~~

~~Each occurrence of an action or failure to act under ORS 441.792(2) is a separate violation.~~

~~Statutory/Other Authority: ORS 413.042, ORS 441.760- 441.795~~

~~Statutes/Other Implemented: ORS 441.760- 441.795~~

AMEND: 333-525-0000

RULE SUMMARY: Amend 333-525-0000

Amends definition reference due to renumbering in OAR 333-500-0010.

CHANGES TO RULE:

333-525-0000

Mental or Psychiatric Hospital ¶¶

A hospital classified as mental or psychiatric shall: ¶¶

(1) Be devoted primarily to the diagnosis and treatment of mentally ill persons. ¶¶

(2) Have adequate numbers of qualified professional and supportive staff to evaluate patients, formulate written, individualized comprehensive treatment plans, provide active treatment measures, and engage in discharge planning, including: ¶¶

(a) A clinical director, service chief, or equivalent who: ¶¶

(A) Is qualified to provide the leadership required for an intensive treatment program; ¶¶

(B) Meets the training and experience requirements for examination by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry; ¶¶

(C) Monitors and evaluates the quality and appropriateness of services and treatment provided by the medical staff; and ¶¶

(D) Supervises inpatient psychiatric services. ¶¶

(b) Doctors of medicine or osteopathy and other appropriate professional personnel available to provide necessary medical and surgical diagnostic and treatment services. If medical and surgical diagnostic and treatment services are not available within the hospital, the hospital must have an agreement with an outside source of these services to ensure that they are immediately available or a satisfactory agreement must be established for transferring patients to a licensed hospital. ¶¶

(c) A director of psychiatric nursing services who: ¶¶

(A) Is a registered nurse with a master's degree in psychiatric or mental health nursing, or its equivalent from a school of nursing accredited by the National League for Nursing Accrediting Commission, or the Commission on Collegiate Nursing Education, or is qualified by education and experience in the care of the mentally ill; and ¶¶

(B) Demonstrates competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished. ¶¶

(d) Registered nurses, licensed practical nurses, and mental health workers to provide nursing care necessary under each patient's active treatment program and to maintain progress notes on each patient. ¶¶

(e) The availability of a registered professional nurse 24 hours each day. ¶¶

(f) The availability of staff to provide other psychological services to meet the needs of the patients. ¶¶

(g) A director of social services who: ¶¶

(A) Has a master's degree from an accredited school of social work or is qualified by education and experience in the social services needs of the mentally ill; and ¶¶

(B) Monitors and evaluates the quality and appropriateness of social services furnished. ¶¶

(h) At least one staff member with a master's degree in social work if the director of social services does not have such a degree. ¶¶

(i) Social service staff with responsibilities that include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of appropriate information with sources outside the hospital. ¶¶

(j) Qualified therapists, support personnel, and consultants adequate to provide comprehensive therapeutic activities consistent with each patient's active treatment program. ¶¶

(k) In a satellite as defined in OAR 333-500-0010(464)(b), the prompt availability of at least one psychiatrist to provide emergency psychiatric services or other psychiatric services to meet the needs of the patients 24 hours each day in person or using telemedicine technology. ¶¶

(3) Have a therapeutic activities program that is appropriate to the needs and interests of patients and directed toward restoring and maintaining optimal levels of physical and psychosocial functioning. ¶¶

(4) Maintain medical records in a manner that permits determination of the degree and intensity of the treatment provided to individuals who are furnished services in the institution. Medical records shall stress the psychiatric components of the record, including history of findings and treatment provided for the psychiatric condition for which the patient is hospitalized. A patient's medical record shall include: ¶¶

(a) The patient's legal status; ¶¶

(b) The provisional or admitting diagnosis, including the diagnoses of intercurrent diseases as well as the psychiatric diagnoses; ¶¶

- (c) The reasons for admission as stated by the patient or others significantly involved; ¶
- (d) The social service records, including reports of interviews with patients, family members, and others, including an assessment of home plans and family attitudes, and community resource contacts as well as a social history; ¶
- (e) When indicated, a complete neurological examination recorded at the time of the admission physical examination; ¶
- (f) Documentation of all active therapeutic efforts; and ¶
- (g) A discharge summary that includes a recapitulation of the patient's hospitalization and recommendations from appropriate services concerning follow-up or aftercare, as well as a brief summary of the patient's condition on discharge. ¶
- (5) Have a psychiatrist perform a psychiatric evaluation of each patient that: ¶
 - (a) Is completed within 60 hours of admission; ¶
 - (b) Includes a medical history; ¶
 - (c) Contains a record of mental status; ¶
 - (d) Notes the onset of illness and the circumstances leading to admission; ¶
 - (e) Describes attitudes and behavior; ¶
 - (f) Estimates intellectual functioning, memory functioning, and orientation; and ¶
 - (g) Includes an inventory of the patient's assets in descriptive, not interpretative, fashion. ¶
- (6) Develop a written individual comprehensive treatment plan that is based on an inventory of the patient's strengths and disabilities that includes: ¶
 - (a) A substantiated diagnosis; ¶
 - (b) Short-term and long-range goals; ¶
 - (c) The specific treatment modalities utilized; ¶
 - (d) The responsibilities of each member of the treatment team; and ¶
 - (e) Adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out. ¶
- (7) Ensure that progress notes are recorded by: ¶
 - (a) The doctor of medicine or osteopathy responsible for the care of the patient; and ¶
 - (b) Nurses, social workers and, when appropriate, others significantly involved in active treatment modalities. ¶
- (8) The frequency of progress notes is determined by the condition of the patient but must be recorded at least weekly for the first two months and at least once a month thereafter and must contain recommendations for revisions in the treatment plan as indicated as well as precise assessment of the patient's progress in accordance with the original or revised treatment plan. ¶
- (9) Provide discharge planning in accordance with OAR 333-505-0055. ¶
- (10) Comply with the applicable rules of the Oregon Health Authority's Behavioral Health Division, OAR chapter 309, divisions 31 and 33.

Statutory/Other Authority: ORS 441.025

Statutes/Other Implemented: ORS 441.025